



Jane E. Perrin, Ph.D.  
Board Chair

## MENTAL HEALTH CARE REFORM IN NORTH CAROLINA

### *a message from the chair*

North Carolina's efforts to reform public mental health care have met with much controversy among professionals as well as consumer advocates. The Psychology Board has followed with great interest developments that affect psychologists and consumers. Two of the most prominent changes have been divestiture of services from mental health centers to local private providers, and increased emphasis on utilization of community resources rather than state hospitals. Michael Lancaster, M.D. is the Clinical Policy Chief of the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services. In this role, he develops and oversees implementation of clinical policies for the state's mental health care system. He and I recently spoke at length about key aspects of the reform process. The following are excerpts from our conversation.

► **JP:** Has North Carolina mental health care reform been worthwhile?

► ► **ML:** Yes. Often in the past, compliance with medications was the focus of our professional interventions, but other aspects related to the quality of consumers' lives were ignored. Person-centered planning provides a broader perspective. Professionals, families, natural supports, and others need to be included, and they all need to share responsibility in the outcomes of not just the treatment, but in developing a quality of life for each individual, as well. The recovery focus engages the community and the family as important forces in treatment. Not unlike Alcoholics Anonymous, community supports are there for families, peer supports are important for adolescents, and consumer-to-consumer, family-to-family supports are invaluable.

► **JP:** The Division's emphasis on person-centered plans, with goals of self-determination and recovery sound admirable. A number of our citizens have been declared incompetent because of their impaired judgment and inability to communicate their needs as a function of their mental illness or developmental disability. How do the Division's goals apply to persons such as these?

► ► **ML:** A recovery focus of care attempts to maximize the person's potential and to identify individual goals that enhance each life, and instill hope in each individual. We find things the person seems to enjoy. We engage the individual as much as possible. Recovery is also empowerment. Give as much control to the individual as possible. Avoid paternalism. The attitude needs to be "I respect you as an individual, and will work with you toward a common goal."

► **JP:** What services do you think need to be provided by the public sector and cannot be outsourced to the private sector?

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## STATE MANDATED BUDGET RESTRICTIONS



Due to State mandated budget restrictions, the Board is reducing printing and postage expenditures. Therefore, the Board is unable to provide a hard copy mailing of psychNEWS to licensees at this time. An electronic copy of the newsletter will be available under the "News Items" link on the Board's website, [www.ncpsychologyboard.org](http://www.ncpsychologyboard.org). Licensees will be notified electronically, using the most current e-mail address on file with the Board (if applicable), and an icon will appear on the website home page to indicate whenever a new edition of the newsletter is available. Please contact the Board office if you wish to update your preferred e-mail address or other contact information.

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## 2008-2010 BIENNIAL RENEWAL CONTINUING EDUCATION AUDIT

The Board recently completed its third random audit of continuing education documentation. To assess trends in audit data, the Board is publishing results from the 2006-2008 and 2008-2010 biennial renewal audits:

### 2006-2008 Biennial Renewal CE Audit Data

- ▶ 144 randomly selected licensees were audited
- ▶ 81% of those audited supplied appropriate documentation
- ▶ 19% supplied documentation that was unacceptable

### 2008-2010 Biennial Renewal CE Audit Data

- ▶ 159 randomly selected licensees were audited
- ▶ 90% of those audited supplied appropriate documentation
- ▶ 10% supplied documentation that was unacceptable

The most common issues with unacceptable documentation submitted during the most recent audit include an insufficient number of total Category A hours and an insufficient number of Category A hours covering ethical and legal issues in the professional practice of psychology. Despite these issues, however, the data indicate an increase in the number of individuals who are in compliance with mandatory continuing education requirements. The Board extends a note of appreciation to all licensees who were able to supply documentation in a prompt manner in response to the notice of audit.

While continuing education requirements may seem a little overwhelming, the Board has put together some informational items to help make requirements easier to understand. Please take the time to visit the "Continuing Education" page on the Board's website, [www.ncpsychologyboard.org](http://www.ncpsychologyboard.org), by clicking on the link on the sidebar. On this page you will find:

① **Continuing Education Requirements (21 NCAC 54 .2104)** — the text of the continuing education rule, but without the effort of searching through the 22-page Psychology Practice Act

① **Continuing Education Quick Reference** — a reference guide for choosing appropriate continuing education, featuring a flowchart of the requirements, helpful hints, and documentation checklists

① **Frequently Asked Questions** — common questions with easy-to-understand responses

📄 **Continuing Education Attestation Form** — the form you are required to submit *if* you are audited

🔗 **Links to Other Sites** — links to APA's and NC AHEC's main continuing education sites, as well as links to APA's approved sponsors pages

With license renewal just over a year away, there is still plenty of time to complete 18 hours of continuing education. Planning in advance will release you from the anxiety of that last-minute crunch. If you have any questions about continuing education requirements, please do not hesitate to contact the Board office. Please note that staff are not authorized to pre-approve any continuing education offerings; however, staff are able to assist in clarifying any questions or concerns regarding the requirements.

## COUNTDOWN

CONTINUING EDUCATION

▶ Licenses must be renewed by **October 1st** of even-numbered years (10/01/10, 10/01/12, 10/01/14, etc.).

▶ If you were licensed to practice psychology in North Carolina **after** October 1, 2008, you **will not** have to obtain continuing education (CE) for the 2010 renewal cycle.

▶ If you were licensed to practice psychology in North Carolina **before** October 1, 2008, you **must** obtain 18 hours of CE for the 2010 renewal cycle.

## THE NORTH CAROLINA PSYCHOLOGY BOARD

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► ► **ML:** *The state is responsible for providing a safety net. That safety net may be public sector, or a public-private partnership based on the resources in each area of our state.*

► **JP:** *Given the difficulties in the state hospitals and continued needs for hospital beds, how many beds in community facilities has NC contracted for?*

► ► **ML:** *There are currently 80 new community beds placed in service across the state, and we expect that number to be 200 in the not too distant future. The NC population is increasing, and our public system is disproportionately affected by the economic downturn in community beds located in local settings. If we develop resources at the front end such as ACTT (Assertive Community Treatment Teams), community support, and mobile crisis teams, along with our walk-in clinics, we will reduce the demand for community and state hospital beds. However, there will always be a need for state hospitals to serve our most aggressive, most ill, and our long-term consumers.*

► **JP:** *It appears that, as the Psychology Board advocates, state officials are trying to enhance the professionalism of service providers. Can you describe steps that have been taken in that direction, and future steps that you envision?*

► ► **ML:** *There are two initiatives. One is a long-term plan to look at competency versus educational criteria (for staff). We have a work group trying to develop a competency-based system. The second is that we're requiring oversight by licensed professionals, and we're trying to increase involvement of qualified professionals in the delivery of basic services. A significant amount of community support*

*services had been delivered by paraprofessionals with limited oversight. Supervision and oversight are important. Licensing Boards are in a position to define supervision. We have not felt it is our role to tell Boards what is supervision. If Boards asked us to do that, we could standardize definitions of supervision.*

► **JP:** *As mental health reform evolves, what services, if any, do you see local management entities (LMEs, formerly public mental health centers) as providing?*

► ► **ML:** *It goes to the public-private partnership. Sometimes it's easier for the LME to provide services. It's important that the services are at the level that they need to be. The quality of providers needs to be looked at. The quality of care is often in an inverse relationship to access to care. There's been an overemphasis on any willing provider versus qualified provider. We need to assure the enrolled providers are well qualified to provide the service they are seeking to provide.*

► **JP:** *What are the most important ways that you believe psychologists can help to make the reform effort a success?*

► ► **ML:** *There are a lot of places psychologists can be invaluable, for example, involuntary commitments, and in providing evidence-based practices in brief treatments and cognitive-behavioral interventions and programs. In hospital settings, psychologists are critical.*

Dr. Lancaster is clearly a proponent of the changes that are occurring in North Carolina's public sector mental health care system. He appears optimistic that reform will result in a more holistic and empowering approach to serving persons with mental illness. I appreciate his willingness to share his perspectives.

## ASSISTING OUR RUSSIAN COLLEAGUES

Randy Yardley, M.A.

In late February, a request from the International Affairs Council in Raleigh was made to the North Carolina Psychology Board to have a representative speak with a group representing The National Institute of Certification of Professional Psychologists, which was founded by the Russian Psychological Society in 2008. Randy Yardley, M.A., Staff Psychologist, met with the group in Raleigh on March 5, 2009. Members were Sergey A. Manichev, Ph.D., Director General of the National Institute; Natalia O. Mastinen, M.A., Chief Manager of the National Institute; and Larissa A. Tsvetkova, Ph.D., Dean, School of Psychology, St. Petersburg State University. Russia currently has no system of licensure or certification for psychologists, and this newly formed institute has been tasked to establish such a system. The Russian representatives were provided with information about the historical background regarding the Board's development, its role and responsibilities under statute, the makeup of the Board, the complaint investigation process, and other information regarding how the Board operates. Copies of application packets for Licensed Psychologist and Licensed Psychological Associate were provided to the group, and the number of questions that they asked of Mr. Yardley regarding the information on the forms that applicants were required to submit during the application process reflected significant focus and interest in this area. During their visit to the state, they also met with David Cox, Ph.D., Executive Officer of the American Board of Professional Psychology; Barbara Wasik, Ph.D., with the UNC-Chapel Hill School Psychology Program; and John Curry, Ph.D., with the Duke University Clinical Psychology Program. Prior to their arrival in North Carolina, they met with representatives of the American Psychological Association in Washington, DC. After their visit here, they flew to New York to meet with staff of the Professional Examination Service, which administers the Examination for Professional Practice in Psychology, and with Stephen T. Demers, Executive Officer of the Association of State and Provincial Psychology Boards. Their visit was arranged by the International Visitor Leadership Program with the U.S. Department of State.

## Ψ LEGAL PROCEEDINGS

*During the period of time from January 1, 2009, through May 31, 2009, the Board reviewed and closed 11 investigative cases involving psychologists in which it found either no evidence of probable cause of a violation or insufficient evidence to issue a statement of charges, and reviewed and closed 2 cases involving non-psychologists. Further, it took the following action:*

- Ψ Beth Arrigo, Ph.D. - CONSENT ORDER was approved and signed on May 6, 2009. Dr. Arrigo admits that the described conduct constitutes violations of N.C. Gen. Stat. §§ 90-270.15(a)(10), (a)(13), (a)(14), (a)(15), (a)(17) & (a)(18) of the North Carolina Psychology Practice Act, and Standards 2.01(c) & (f), 3.04, 6.01, and 9.01(a) & (b) of Ethical Principles of Psychologist and Code of Conduct (American Psychological Association 2002). Dr. Arrigo's license is REPRIMANDED and she must remit \$300.00 in costs. Further, she shall not conduct any psychological evaluations or forensic child evaluations until she has successfully complied with all conditions specified in the CONSENT ORDER.
- Ψ John J. Barisa, M.A. - CONSENT ORDER was approved on January 22, 2009. Mr. Barisa admits that the described conduct constitutes violations of N.C. Gen. Stat. §§ 90-270.15(a)(10), (a)(14) & (a)(15) of the North Carolina Psychology Practice Act, and Standards 9.01(a) & (b) and 9.02(a) of the Ethical Principles of Psychologist and Code of Conduct (American Psychological Association 2002). His licensed is CENSURED, a limitation is placed on his license until he successfully completes conditions specified in the Order, and he must remit \$300.00 in costs.
- Ψ Jerry R. Baumgartner, M.A. - CONSENT ORDER was approved on April 16, 2009. Mr. Baumgartner admits that the described conduct constitutes violations of N.C. Gen. Stat. §§ 90-270.5(e), 90-270.15 (a)(7) & (a)(10) of the North Carolina Psychology Practice Act, and 21 NCAC 54 .2008(h), of the North Carolina Psychology Board rules. Mr. Baumgartner's license is REPRIMANDED. He must successfully complete tutorials and remit \$300.00 in assessed costs.
- Ψ Alexander G. Kirby, III, Psy.D. - CONSENT ORDER was approved on February 5, 2009. Dr. Kirby admits that the described conduct constitutes violations N.C. Gen. Stat. §§ 90-270.15(a)(10) & (a)(22) of the North Carolina Psychology Practice Act, and violates the terms of the Consent Order dated March 31, 2008. Dr. Kirby's license is REPRIMANDED. He must successfully complete tutorials, comply with specified supervision requirements, and remit \$300.00 in assessed costs. Roman Numerals IV through VII of the Consent Order dated March 31, 2008, are replaced by the terms of this Consent Order, dated February 5, 2009, and are no longer in effect or enforceable.
- Ψ David S.M. Kosson, Ph.D. - CONSENT ORDER was approved on March 6, 2009. Dr. Kosson admits that the described conduct constitutes violations of N.C. Gen. Stat. §§ 90-270.15(a)(7) of the North Carolina Psychology Practice Act, and 21 NCAC 54 .2104(f) & (i) of the North Carolina Psychology Board rules. Dr. Kosson's license is REPRIMANDED. He must submit proper documentation establishing that he has completed all of the required continuing education hours to renew his license for the 2010-2012 and 2012-2014 biennial licensure renewal periods and remit \$300.00 in assessed costs.
- Ψ Nash W. Love, III, M.S. - CONSENT ORDER was approved on February 5, 2009. Mr. Love is alleged to have engaged in conduct which constitutes violations of N.C. Gen. Stat. § 90-270.15(a)(10), (a)(15) and (a)(19) of the North Carolina Psychology Practice Act, and Standards 3.04 and 4.05(a) & (b) of the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2002). Mr. Love does not admit any of the conduct or violations alleged in the Consent Order. The action taken by the Board constitutes conditions upon Mr. Love's license to practice psychology. He must successfully complete tutorials, comply with specified supervision requirements, and remit \$300.00 in assessed costs.
- Ψ Anders Osborne - PERMANENT INJUNCTION was ordered by a Wake County Superior Court judge on May 19, 2009. Dr. Osborne is prohibited from representing herself to the public to be a psychologist in any medium, including any printed, written, reproduced, electronic, oral, audiotaped or videotaped materials or mediums. She is further enjoined from offering to practice or practicing psychology, as defined by N.C. Gen. Stat. § 90-270.2.
- Ψ Katherine G. Scott, M.S. - CONSENT ORDER was approved and signed on May 6, 2009. Ms. Scott admits that the described conduct constitutes violations of N.C. Gen. Stat. §§ 90-270.5(e); 90-270.15(a)(7) & (a)(10), of the North Carolina Psychology Practice Act, and 21 NCAC 54 .2008(h), of the North Carolina Psychology Board rules. Ms. Scott's license is REPRIMANDED. She must successfully complete tutorials and remit \$300.00 in assessed costs.

**NOTE: License verification is available on the Board's website and includes whether or not Board action has been taken on a license.**

So that the Board may better serve you, please be sure to notify the Board of any change in your contact information by mailing, e-mailing, or faxing your updated information to the Board office (see page 2 for Board contact information).



## EMPLOYING GRADUATE STUDENTS

Sondra C. Panico

*Can a graduate student be employed as a psychologist or in any other type of position that involves the practice of psychology? Can a graduate student be engaged in the practice of psychology so long as he or she does not call herself or himself a psychologist? This article clarifies what type of employment an individual who is in a psychology graduate program may obtain.*

In short, in order to practice psychology or to hold oneself out to the public as a psychologist in this State, an individual must be licensed by the North Carolina Psychology Board, or meet an exemption to the North Carolina Psychology Practice Act, which will be discussed in more depth below.

The North Carolina Psychology Practice Act is both a “title” and a “practice” act. Unless an unlicensed individual is exempt from licensure under N.C. Gen. Stat. § 90-270.4, then N. C. Gen. Stat. § 90-270.16 prohibits both an individual from representing himself as a psychologist and from practicing psychology. In order to determine whether an individual is practicing psychology, it is crucial to study the definition of the practice of psychology. You are encouraged to review it before embarking on the practice without a license or supervising an individual who is not licensed.

N.C. Gen. Stat. § 90-270.2(8) defines the practice of psychology as:

The observation, description, evaluation, interpretation, or modification of human behavior by the application of psychological principles, methods, and procedures for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior or of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health, or mental health. The practice of psychology includes, but is not limited to: psychological testing and the evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning; counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, and behavior analysis and therapy; diagnosis, including etiology and prognosis, and treatment of mental and emotional disorder or disability, alcoholism and substance abuse, disorders of habit or conduct, as well as of the psychological and neuropsychological aspects of physical illness, accident, injury, or disability; and psychoeducational evaluation, therapy, remediation, and consultation. Psychological services may be rendered to individuals, families, groups, and the public. The practice of psychology shall be construed within the meaning of this definition without regard to whether payment is received for services rendered.

If a graduate student determines that his or her activities constitute the practice of psychology, the following are considerations for those individuals and their supervisors relevant to their practice of psychology:

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First, a graduate student may practice psychology as a practicum student or as an intern or when in any other position so denoted by title as training (e.g., fellow, student, etc.). Following graduation, a nonlicensed individual may practice as a fellow or resident in a formal postdoctoral training program.

Specifically, N.C. Gen. Stat. § 90-270.4(d) states:

(d) Nothing in this Article shall be construed as limiting the activities, services, and use of title designating training status of a student, intern, fellow, or other trainee preparing for the practice of psychology under the supervision and responsibility of a qualified psychologist in an institution of higher education or service facility, provided that such activities and services constitute a part of his or her course of study as a matriculated graduate student in psychology.

In addition, for individuals pursuing postdoctoral training or experience in psychology, nothing limits the use of a title designating training status, but the Board may develop rules defining qualified supervision, disclosure of supervisory relationships, frequency of supervision, settings to which trainees may be assigned, activities in which trainees may engage, qualifications for trainee status, nature of responsibility assumed by the supervisor, and the structure, content, and organization of postdoctoral experience.

An internship or training experience during a graduate program must meet the requirements under 21 NCAC 54.1802 (for psychology master’s students) or .1803 and .2009 (for psychology doctoral students) and must be a part of the student’s course of study as a matriculated graduate student in psychology in order for the student to be exempt from licensure. For example, the experience cannot be an on-the-job training situation while the individual is in graduate school. The training experience must be part of the individual’s course of study in a planned and directed program in the practice of psychology, and must be supervised by a psychologist.

Pursuant to 21 NCAC 54 .1611, once an individual has graduated from a psychology doctoral program, an individual pursuing postdoctoral training or experience in psychology is exempt from licensure pursuant to N.C. Gen. Stat. § 90-270.4(d) if the following criteria are met: (1) the postdoctoral training or experience in psychology meets all the criteria set forth in 21 NCAC 54 .2009(i); and (2) the individual has completed all doctoral degree requirements for a program in psychology from an institution of higher education as defined in N.C. Gen. Stat. § 90-270.2(5). Evidence of completion of all degree requirements must be in the form of either an official transcript showing the date on which the degree was conferred; or a letter from the registrar, dean of graduate school, or director of graduate studies verifying that all substantive and administrative requirements for the doctoral degree have been met without exception, and stating the date on which the doctoral degree will be awarded.

Pursuant to N.C. Gen. Stat. § 90-270.4(g) and 90-270.16, a graduate

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## PROFESSIONALISM: FROM THE CLASSROOM TO THE CLINIC

Harry A. Fozzard, M.D.

*Dr. Fozzard shares his experience as an academic cardiologist and former chairman responsible for overseeing various Ph.D. graduate programs as he reflects on the past three years of service as a public member of the Board.*

As I approach the end of my three-year term as a public member on the Psychology Board, it may be of interest to share with you my reflections on the experience. I joined the Board with no personal insight or professional involvement in psychology. But we are all members of the healing professions, and my perspective as an academic cardiologist who spent his career at the University of Chicago in practice, teaching, and research may be useful. I had also served for 10 years as chairman of a department overseeing Ph.D. graduate programs in Physiology, Pharmacology, and Neuroscience, so I am familiar with the structure of graduate programs.

The Psychology Board is responsible for protecting the public through licensure and maintenance of psychology professional skills and ethics, thereby promoting the highest level of psychology practice in North Carolina. I have been greatly impressed with the dedication and skill of the members of the Board, and with the efficiency and competence of the Board staff. Service on the Board is laborious, emotionally stressful, and time-consuming. The profession of psychology and the State are lucky to have such capable and compassionate leaders.

I want to emphasize the Board's specific responsibility for protection of the public for the best practice of psychology. This does mean occasionally censuring practitioners, painful as this is to each of us. The Board also promotes the profession's welfare by overseeing educational qualifications for licensure and by adjudicating complaints. Through these activities it sets an important standard for ethical and professional psychological care in this community. This Board oversight system for the profession is superior to almost all

alternatives I can imagine. This is not because the system is perfect, but because the Board executes its duties thoughtfully. It is a forum for consideration of the system's imperfections, and it is proactive in suggesting improvements in the system.

Viewed from my medical background, I find the educational systems for training psychologists to be variable. Graduate programs vary in their curricular content and in the quality of their clinical experience. In contrast to modern medical education that has been highly structured for over a century and subject to the oversight of its powerful Liaison Committee on Medical Education, the oversight of basic and specialty psychology education is less developed. The fundamental structure of a Ph.D. education is conceptually more directed toward creative research than toward practice. This format is appropriate for a field in its developing phases and supports the concept of a dynamic, intellectually vigorous profession. To the extent that comparisons can be made, the medical field approach is that medical schools prepare students for practice, rarely including requirements for a thesis, while biomedical Ph.D. programs prepare students for research and teaching in medical sciences. Those who are interested in both fields have combined M.D.-Ph.D. degree programs to prepare themselves. There are flaws in such a system, especially in guaranteeing that the M.D. practitioner can keep abreast over the some 40-50 years of practice of the very rapid progress in evidence-based medicine. Significant progress in organizing doctoral level psychology training is being made through the American Psychological Association, and this area needs continued enlightened effort to insure both clinical competence and appreciation of the scientific method. One possible approach is for the applied path in psychology to lead to a Psy.D., rather than a Ph.D. or Ed.D., provided that the Psy.D. programs incorporate appropriately the importance of the scientific method as a lifelong guide to future practice. Master's programs in psychology, which are increasingly important contributors to the mental health field, need equivalent attention. I suspect that the educational structures for psychology will continue to evolve over the next decades, as the role of psychology expands. It may soon be time to think about a national psychology licensure system.

The North Carolina system of both master's level and doctoral level practitioners is a good one, greatly expanding access to effective psychological care in the state. Although it could create two classes of clinicians, my experience has been that, both inside and outside the profession, the practitioners are valued according to the quality of care that they provide, based on the need for all to practice within their range of competence. The gradual growth of subspecialization credentialing is both inevitable and welcomed, as long as it builds on a defined core.

I find that concerns over the rules regarding supervision may be false issues. I think the important issue is that most of the private practice of psychology is relatively isolated interaction between one practitioner and one or a few clients, with minimal peer opportunity for input. I would personally favor changing the emphasis of most of the supervision system to one of regular "peer review", which would benefit all practitioners, both "supervisee" and "supervisor," regardless of their educational degrees or years of experience.

Maintaining professional competence is critical for every practitioner. One mechanism is continuing education. Although the relatively new program for continuing education under the Board is a useful beginning move, from my perspective it is substantially inadequate. The responsibility for maintaining competence is no different for psychologists and physicians, but physicians have typically 5-10 times the requirement. The present North Carolina program is too small to encourage the practitioner to incorporate continuing educational processes into their practice schedule. Perhaps the continuing education process is the way to encourage more regular peer interaction. These thoughts also raise a more long-range concern for the field. There seems to be a greater division between the academic experimental psychology field and the clinical one than in medicine. Medical academic institutions are often major centers of clinical care, drawing on the combined wisdom of experimental and practical medicine and continually revising standards of care for the greater community. This no doubt has resulted from the much greater dependence on large hospital facilities for medical education, requiring medical schools to build

large clinical enterprises. Nevertheless, continued consideration of how best to keep the psychology practice community in close touch with scientific progress and evidence-based care is essential.

It is difficult for me to judge the magnitude of need for psychological services in North Carolina and to estimate how effectively the State meets that need. Strictly speaking, this is not part of the mission of the Psychology Board. Nevertheless, as gatekeeper for licensure, the Board obviously influences the number of practitioners in the State. On the one hand, management of mental disorders is shared with psychiatry and other mental health professionals, but the pool of psychiatrists is limited and unlikely to grow. This places substantial burden on psychologists, especially in the more rural communities. In this context, it is in my view inevitable that some arrangement for prescription authority for appropriately trained psychologists will develop. On the other hand, in view of the uncertain effectiveness of these psychoactive drugs, it may be wise to delay this step until the benefits and risks are better defined. At the moment, I find that the best evidence shows limited value for drug therapy for many disorders. The topic of what constitutes mental and emotional wellness is equally challenging. The popularity of psychology does not mean that everyone is qualified to practice. It is not reasonable to expect the profession of psychology to guarantee happiness for everyone, and much of our society's quest for happiness must be supported by other means. In the short run, the need for the talents and skills of psychologists exceeds our resources, resulting in excessive dependence on paraprofessionals, but it emphasizes the profession's role in training and supervision of these health care workers with less or no professional education.

In summary, my service as a public member of the Board has been educational and satisfying. I appreciate even more than before the critical role of psychologists as essential members of our health care system. The Board members and staff are truly dedicated to the general welfare of the public, and they perform their sometimes onerous tasks with skill and compassion. I shall miss their companionship, but I am confident that, with these leaders, psychology will prosper as a profession and serve well the public of North Carolina.

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## LICENSURE FOR SCHOOL PSYCHOLOGISTS ♦ Randy Yardley, M.A.

The North Carolina Psychology Board has recently seen an increase in interest in licensure by school psychologists as the economic downturn has hit the budgets of many school systems in the state. It is essential for any school psychologist who desires to practice psychology outside of his or her regular salaried employment as a school psychologist to be aware that he/she must be licensed by the North Carolina Psychology Board in order to do so. Depending on the individual's background and training in psychology, licensure by the Psychology Board may, in fact, be an option for many school psychologists who currently are licensed solely by the North Carolina Department of Public Instruction. To become licensed by the Psychology Board, a school psychologist must hold either a master's or specialist degree in psychology for licensure as a Licensed Psychological Associate or a doctoral degree in psychology for licensure as a Licensed Psychologist. Work settings outside of a North Carolina school system for a school psychologist who is licensed by the Psychology Board may include private practice (including contract testing or consultation for any other school system where the individual is not employed), private or independent schools, public and private hospitals (including state facilities), children's developmental services agencies (CDSAs), mental health centers/local management entities, state agencies, university counseling centers, etc. Any school psychologist considering contract work or employment that otherwise involves the practice of psychology in any of the above settings must apply for a license with the Psychology Board within 30 days of beginning to practice or offering to practice psychology. Failure to apply and to become licensed as required in statute could result in denial of licensure and/or the potential for civil penalties.

Requirements for licensure are specified in the North Carolina Psychology Practice Act and Board rules under the North Carolina Administrative Code at Title 21, Chapter 54. For the doctoral level of licensure (Licensed Psychologist), see N.C. Gen. Stat. § 90-270.11(a), and 21 NCAC 54 .1803, .2009, and .2704. For the master's/specialist level of licensure (Licensed Psychological Associate), see N.C. Gen. Stat. § 90-270.11(b), and 21 NCAC 54 .1802, .2006, and .2008. The scope of practice for all licensees is specified in N.C. Gen. Stat. § 90-270.2(8). Examination requirements for both levels of licensure are specified in 21 NCAC 54 .1901.

The Practice Act, Board rules, and information regarding how to apply for a license are available on the Board's website, [www.ncpsychologyboard.org](http://www.ncpsychologyboard.org). Questions regarding licensure and practice issues may be directed to the Board office at (828) 262-2258.

## ARE YOU A LIFE COACH?

The Board is exploring the idea of developing an advisory statement regarding life coaching vis à vis the practice of psychology. Specifically, the Board is interested in obtaining a list of activities that are not within the scope of practice for a life coach who is not a psychologist. If you are a life coach and are interested in assisting the Board in this process, please contact the Board office (see page 2 for Board contact information).



JUNE 2009

## F R E Q U E N T L Y   A S K E D   Q U E S T I O N S

**I provide services to children in my practice, and the father of an eight-year old boy brought his son to see me due to concerns about how the son was coping with his parents' recent divorce. Do I need to obtain both parents' consent to provide services to him?**

As is the case with some so many matters in psychology, it depends. If this father shares joint custody or has primary custody of his son, he may be able to seek services for his child without having the consent of the mother. You should, however, ascertain what the custody arrangements are for the child by having the father provide you with a copy of the parents' divorce decree and/or most recent custody agreement to confirm the parents' arrangements in this regard, and then you should carefully review the provisions regarding seeking health services, including what the parents are required to communicate to each other about their child as identified in whatever document is provided to you by the father. If the mother has primary custody and is responsible for making decisions of this type, then it would be essential for you to contact her to obtain her consent for your services. If she is reluctant to consent, then scheduling an appointment to discuss the services you would provide and including her in decisions regarding the treatment of her son may cause her to be more agreeable to having the son see you. In any case, unless there is some compelling reason not to include one parent, you should always attempt, if at all possible, to enlist the interest and cooperation of both parents in serving the needs of any child.

**Can my license be sanctioned just for not responding promptly to the Board?**

Yes. Pursuant to N.C. Gen. Stat. 90-270.15(a)(22), a psychologist may receive disciplinary action for failing to cooperate with or to respond promptly, completely, and honestly to the Board. There have been situations in which licensees have lost their licenses for failing to respond as directed by the Board. The Board makes multiple attempts to contact a psychologist before resorting to disciplinary action; however, a licensing Board cannot regulate the practice of individuals who fail to respond promptly and honestly.

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student may also be exempt from licensure requirements if she/he is licensed by another board that authorizes the practice in which he/she is engaged so long as he/she does not represent himself/herself in any manner as a psychologist. Otherwise, if an individual is not in a formal training program in a trainee status, either as a student or in a postdoctoral program or licensed by another Board, and wishes to seek employment, he/she can do so only as an ancillary services provider under the supervision of a licensed psychologist or licensed psychological associate. Board rule 21 NCAC 54 .2801 sets forth the requirements for providing ancillary services:

(a) Pursuant to G.S. 90-270.21, licensed psychologists (provisional and permanent), licensed psychological associates, or temporary licensees, all of whom shall be identified as "psychologists" under G.S. 90-270.2(9), may employ or supervise unlicensed individuals to provide ancillary services. The psychologist shall, at all times, retain full professional responsibility for the quality of the services rendered and for the effects of the services upon the client, patient, or other individuals. This responsibility for the quality of services delivered by supervisees and for the welfare of the client or patient shall be no different than if the psychologist had provided the services in person. The psychologist shall have had face-to-face contact during the course of services with all patients, clients, or other recipients of services who are provided ancillary services by unlicensed persons as part of the psychologist's services. (b) Ancillary services shall be considered to be only those activities which an individual shall engage in for the purpose of providing assistance to a psychologist in providing psychological services to patients, cli-

ents, and their families. Not included as ancillary services are those clerical and administrative services which are not directly related to assisting a psychologist in the provision of psychological services.

Pursuant to 21 NCAC 54 .2801 above, a licensed psychologist or psychological associate is responsible for the oversight of an ancillary services provider, who may provide assistance to the psychologist in providing the psychological services, but cannot engage in the practice of psychology.

Finally, a supervisor should be cautious not to place himself or herself in a situation where he/she is aiding and abetting the unlawful practice of psychology by an unlicensed individual [N.C. Gen. Stat. § 90-270.15(a)(8)]. Psychologists and/or advisors, including graduate psychology faculty, may find themselves in such a situation if they are not careful to ensure that the unlicensed individual falls within one of the exceptions above, even if being properly supervised. Such a situation might be when a graduate student completes a predoctoral internship and then remains at the internship site in a similar type of role without having completed a graduate program and becoming eligible to be licensed. This individual is then in a position in which he or she is practicing psychology without a license, and the supervisor in such a situation may be aiding and abetting such unlawful practice.

**NOTE: This article was prepared for the North Carolina Psychology Board by Sondra Panico, Assistant Attorney General and Counsel to the Board. It has not been reviewed and approved in accordance with procedures for issuing an Attorney General's opinion.**

## BOARD MEETINGS

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JULY 15-17, 2009

SEPTEMBER 23-25, 2009

DECEMBER 2-4, 2009

Due to current budget restrictions, dates may vary.